

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRESTIGE CARE &amp; REHABILITATION - CAMAS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>740 NE DALLAS STREET CAMAS, WA 98607</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Prestige Care and Rehabilitation - Camas on 12/12/2014 and 12/17/2014. A sample of 7 residents was selected from a census of 67. The sample included 4 current residents and the records of 3 former and/or discharged residents.</p> <p>The following complaints were investigated:</p> <p>#3057629 #3058413 #3062429 #3062501 #3063430</p> <p>The survey was conducted by:</p> <p>Rebecca Christiansen, RN, MS</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services Aging &amp; Disability Services Administration 13600 NE 9th Street Suite 220 Vancouver, WA 98684</p> <p>Telephone: 360-397-9550 Fax: 360-992-7969</p> <p><i>Karyl Ramsey for Janice Jiles</i> Residential Care Services Date 12/30/14</p>	F 000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 1/12/15

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 250 SS=D	<p><b>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</b></p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to identify and aggressively pursue sufficient and appropriate social services for discharge planning to meet the resident needs for 1 of 3 residents (#3) reviewed for discharge planning. This failure caused the resident to lack appropriate support and services at the time of discharge.</p> <p>Findings include:</p> <p>Resident #3 was admitted on [REDACTED]/14 with diagnoses to include a heel ulcer, diabetes, kidney failure and heart failure. The resident was seen weekly at a hospital based wound clinic for oversight and management of a heel wound which was being treated with negative pressure wound therapy (NPWT).</p> <p>According to the Food and Drug Administration (FDA), NPWT devices can help in the healing and closure of wounds. They create negative pressure (a vacuum) at well-sealed wound sites that can help remove fluids and infectious materials and draw wound edges together. In 2009, the FDA recognized serious complications could arise from using a NPWT, including bleeding, infection and death. The FDA</p>	F 250	<p>"This plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care &amp; Rehabilitation Camas does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p>	1/15/15	

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F 250	<p>Continued From page 2</p> <p>recommended patients using a NPWT at home should receive adequate training on the device and should know whom to contact and how to recognize complications.</p> <p>According to the Minimum Data Set, an assessment instrument, dated 11/17/14, the resident was alert and oriented and required extensive assistance with dressing and with transferring. The resident required supervision for other activities of daily living.</p> <p>The resident's medications included: sliding scale Novolog insulin (to be given according to the blood sugar readings), an injection for thinning the blood (heparin), a medication to control seizures (clonidine) and medications to control blood pressure (hydralazine, amlodipine, and metoprolol). The resident also had orders for oxygen and for wound care to right heel 3 times a week in addition to the wound vac.</p> <p>Prior to admission, the resident was followed by Adult Protective Services (APS) for concerns relating to self-neglect. The court appointment of a Guardian ad Litem (GAL) was in process as it was felt the resident needed assistance with making decisions which would support health and well-being. The resident had not yet been deemed incompetent to manage own affairs.</p> <p>According to chart notes, the resident was seen by physical therapy and occupational therapy and had made improvement in functional abilities. The resident had the NPWT device in place to the heel. The set up was a small vacuum type of machine attached to a plastic tube which was then attached to the wound bed of the resident's heel.</p>	F 250	<p>F-250</p> <p><b>How the nursing home will correct the deficiency as it relates to the resident(s)?</b></p> <p>Resident #3 was discharged from the facility.</p> <p><b>How will the nursing home act to protect residents in similar situations?</b></p> <p>Residents who choose to leave the facility against medical advice will be provided medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being.</p> <p><b>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur.</b></p> <p>Facility social service department will be re-educated on the policy and procedure when residents leave the facility against medical advice.</p>		

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F 250	<p>Continued From page 3</p> <p>On 12/8/14, a nursing note reflected the resident was "Pleasant and upbeat mood all morning. Current plan of care to discharge home on 12/9/14."</p> <p>On 12/9/14, a social services note reflected resident is "Planning to discharge AMA (against medical advice) today and has arranged to stay with his friend. Resident had arranged for another friend to provide transportation. Discussed safety concerns involved with an unplanned discharge (wound vac not obtained for home use, unable to send medications, unable to request home health services). Resident agreed to stay an additional one or two more days, but is then planning to discharge AMA, if needed."</p> <p>On 12/10/14, a social services note reflected "Per GAL, resident reports plan to discharge on [REDACTED] to friend's home. GAL is unable to make decision to stay as resident is not deemed incompetent."</p> <p>It appeared the facility was aware of the resident's desire to discharge, and in fact talked the resident into waiting two more days before leaving. When the facility decided the resident's discharge plan was unsafe, they did not pursue sufficient and appropriate support to meet the resident's needs.</p> <p>At 12:10 pm, Licensed Nurse (LN) A stated "The resident finished therapy a few days before he left. He was done with therapy on 12/8. I spoke with the resident and his friend and requested that he stay. I called the wound clinic the day before the resident left to see what we should do about the wound vac. I don't recall who I talked to. We did not send a list of medications home</p>	F 250	<p><b>How the nursing home plans to monitor its performance to make sure that the solutions are sustained?</b></p> <p>The Director of Nursing or designee will audit resident charts that leave the facility against medical advice for three consecutive months. Any issues found related to the documentation will be advanced to the QA Committee for further review and correction as needed. The Quality Assurance Committee will review the facility's compliance for three months.</p> <p><b>The title of the person responsible to ensure correction.</b></p> <p>Administrator</p>	

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F 250	Continued From page 4 with the resident. The plan was for him to stay here, but he left AMA." When asked if the resident knew what medications to take, where to obtain them or how to manage the wound vac, LN A was not sure, but indicated perhaps LN C had reviewed home care instructions with the resident.  At 12:42 pm LN C was contacted by telephone. LN C stated "I was working when the resident went home. I did not give the resident any discharge instructions, a list of meds to take at home or directions about care because we didn't have physician orders for the discharge. I think he went home with the wound vac in place. I did e-mail the doctor to let him know the resident had left."  At 1:20 pm, when asked what plans were put into place once the resident proclaimed intent to discharge, the Social Services Director stated "If a resident has an unsafe discharge plan, we can't assist with any discharge plans because that would be supporting an unsafe discharge. I think the nurse (LN A) printed a list of medications." We couldn't do a home health referral because the resident left AMA and we had no physician to sign off on an order."	F 250			
F 283 SS=D	483.20(I)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS  When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to	F 283	F-283  <b>How the nursing home will correct the deficiency as it relates to the resident(s)?</b>  Resident #3 was discharged from the facility. Discharge summary and a recapitulation of stay were completed.  <b>How will the nursing home act to protect residents in similar situations?</b>  Residents who choose to leave the facility against medical advice will have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status.	1/15/15	

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F 283	<p>Continued From page 5 authorized persons and agencies, with the consent of the resident or legal representative.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to anticipate discharge and develop a recapitulation of the residents stay for 1 of 3 residents (#3) reviewed for discharge planning. This failure caused the resident to lack appropriate discharge planning and communication of necessary information to the continuing care provider(s).</p> <p>Findings include:</p> <p>Resident #3 was admitted on [REDACTED] 14 with diagnoses to include a heel ulcer, diabetes, kidney failure and heart failure. The resident was seen at a hospital based wound clinic weekly for oversight and management of the heel wound which was being treated with negative pressure wound therapy (NPWT, or wound vac).</p> <p>According to the Minimum Data Set, an assessment instrument, dated 11/17/14, the resident was alert and oriented and required extensive assistance with dressing and with transferring. The resident required supervision for other activities of daily living.</p> <p>On 12/8/14, chart notes indicated the resident planned to discharge to the home of a friend. On 12/9, social service notes indicated the resident had agreed to stay for 2 more days so discharge plans could be finalized.</p> <p>On 12/17/14 at 11:35. a record review was</p>	F 283	<p><b>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur.</b></p> <p>Facility nurse care managers will be re-educated on the policy and procedure when residents leave the facility against medical advice.</p> <p><b>How the nursing home plans to monitor its performance to make sure that the solutions are sustained?</b></p> <p>The Director of Nursing or designee will audit resident charts that leave the facility against medical advice for the three consecutive months. Any issues found related to the documentation will be forward to the QA Committee for further review and correction as needed. The Quality Assurance Committee will review the facility's compliance for three months.</p> <p><b>The title of the person responsible to ensure correction.</b></p> <p>Administrator</p>	

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F 283	<p>Continued From page 6</p> <p>conducted which revealed no discharge instructions or recapitulation of stay.</p> <p>At 12:10 pm, Licensed Nurse (LN) A stated "The resident finished therapy on [REDACTED] a few days before he left. I spoke with the resident and his friend and requested that he stay. I called the wound clinic the day before the resident left. The resident told us he was going to the wound clinic then home, so I thought they would take care of the wound vac. I called the wound vac complany to deliver supplies, but I didn't hear back. We did not send a list of medications home with the resident. The plan was for him to stay here. No 'recapitulation of stay' was done because the resident left AMA."</p> <p>At 1:20 pm, the Social Services Director (SSD) stated "If a resident has an unsafe discharge plan, we can't assist with any discharge plans because that would be supporting an unsafe discharge. I think the nurse (LN A) printed a list of medications. We couldn't do a home health referral because the resident left AMA and we had no physician to sign off on an order."</p> <p>Refer to F 250</p>	F 283		